

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0150
Inventors: Sun et al.
Serial No.: 09/762,021
Filing Date: August 6, 2001
Examiner: Ungar, Susan NMN
Group Art Unit: 1642
Title: A Novel Method of Diagnosing,
Monitoring, Staging, Imaging and
Treating Colon Cancer

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On June 10, 2003

Kathleen A. Tyrrell
Kathleen A. Tyrrell, Registration No. 38,350

Mail Stop
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Reply under 37 C.F.R. § 1.111

This is a reply to the office Action mailed March 10, 2003 setting a three (3) month statutory period for response. Please enter the following amendments and remarks into the record.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 3.

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June 10, 2003

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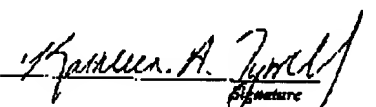
GROUP 1600**TO: Examiner Ungar (TC1600)****GROUP: 1642****FAX NUMBER: 703-872-9306****ATTORNEY DOCKET NO.: DEX-0150****SERIAL NO.: 09/762,021****FILED: August 6, 2001****NUMBER OF PAGES:****MESSAGE:** Attached please find Amendment Transmittal Letter, Reply under 37 C.F.R.
§1.111 and Certificate of Transmission by Facsimile.**Kathleen A. Tyrrell, Registration No. 38,350****URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

* * * * *

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0150	
Applicant(s) Sun et al.					
Serial No. 09/762,021	Filing Date August 6, 2001	Examiner Ungar, Susan	Group Art Unit 1642		
Invention: A Novel Method of Diagnosing, Monitoring, Staging, Imaging and Treating Colon Cancer					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL Fee
TOTAL CLAIMS	1 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	6 =	0 x	\$04.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;">  Kathleen A. Tyrrell, Registration No. 38,350 LICATA & TYRRELL P.C. 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 Fax: 856-810-1454 </div> <div style="width: 50%; text-align: right;"> Dated: June 10, 2003 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">cc:</div> <div style="width: 55%; border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.18 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div> </div>					